The remainder of this relates to the Crane and Wilson work. Wilsons work and the differentiation between our patent has been discussed supra. Crane and Chiu's work only demonstrate that technetium-99m compounds are taken up by cells through plasma membrane and mitochondrial uptake. There is no work to demonstrate that these authors have investigated the ability to measure this uptake and differentiate between tissue types. The studies demonstrate resting uptake, which like Wilsons standard dose dipyridamole yielded results, which were not diagnostic and ultimately not used. Our patent found the "non-obvious" use of combining high dose dipyridamole with injection of technetium-99m isotopes and then the actual quantification of the decay of the isotope, as well as distinguishing the exact timing of this measurement, having found that measurement at other times did not produce meaningful results. Additionally, our work was compared with mitochondrial differentiation of tissue types. Our results are further supported by the failure of others to develop a quantified system for tissue differentiation, even more than a decade after first submitting this patent for consideration.

3. Again, the use of the term atypia relates to distinguishing different types of tissues. Something, which can only be done by our quantification of B.E.S.T. Here we can do more than just tell you it's not typical. We include all "atypia" including but not limited to mild inflammation, fibrocystic disease, ductal carcinoma in-situ and breast cancer. This distinction is made by isotope measurement.

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